## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000081058

1. Corporation	Name	001000			
WILD SAF	RAH CORP.				
Principal Place	of Business	Mailing Address			•
1601 E AMELIA	ST	1601 E AMELIA ST			•
ORLANDO FL 32803 ORLANDO FL 32803				DO NOT WRITE IN TH	IIS SPACE
US		US		3. Date Incorporated or Qualifed	
	• '			11/02/1994	· v · .
2 Deinging Di	and of Business	2a. Mailing Address	<u>.                                    </u>	4. FEI Number	Applied For
	ace of Business	26		59-3276512	Not Applicable
Suite, Apt. #	# etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
—ı ' '	m, 000.	27		5. Centrate of Status Desired	Fee Required
City & State	<del> </del>	City & State	وجوا فالمستميد والمسهود المسهود	6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible
24	25		30	Personal Property Tax.	X Yes □No
	9. Name and Address of Current	t Registered Agent		10. Name and Address of New Registere	ed Agent
`			81 Name		
HARARY, LEE		82 Street A	dress (P.O. Box Number is Not Acceptable)		
1601 E AMELIA ST			\$1.6		
OKITA	ANDO FL 32803	,	83		法代籍授 (教) 品值。 <u>1</u>
			84 City	र्का के विकास के दिखा का का किस का का किस का का का किस का का का किस का का का का किस का का का किस का का का का क ■	85 Zip Code
100 C 15. 51.	57			the statement for the purpose	of changing its registered
11. Pursuant	to the provisions of Sections 607.0503	2 and 607.1508, Florida Statute of Florida, Such change was a	es, the above-named outhorized by the corpor	corporation submits this statement for the purpose ration's board of directors. I hereby accept the ap	pointment as registered
omce or re	m familiar with, and accept the obligat	tions of Section 607.0505. Flo	rida Statutes.		
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CICNIATURE					
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE	Registered Agent signature re	quired when reinstating) DATE	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment of the receiver of the corporation of the receiver or trustee empowered.

SIGNATURE:

AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

1/15/19

**FILED** 

Feb 03, 1999 8:00am

**Secretary of State** 

02-03-1999 90018 027 \*\*\*150.00

Daytime Phone #

R2E034 (11/98)